

CLAIMANT'S NAME <b>Maziar Movassaghi</b>		DEPARTMENT <b>Toxic Substances Control</b>	
POSITION <b>Acting Director</b>	CB/D NUMBER <b>NR</b>	DIVISION OR BUREAU <b>Executive Office</b>	INDEX NUMBER <b>5000</b>
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS <b>1001 I Street</b>	TELEPHONE NUMBER
		CITY <b>Sacramento</b>	STATE <b>CA</b>
		ZIP CODE <b>95814</b>	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				(5) BREAK-FAST	O.T., LT, N/C, RELO. DINNER	(A) COST OF TRANS.		(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
DATE	TIME									LUNCH	MILES	AMOUNT		
2/18	06:30	Residence to Orange County						SC/A						
		EAG (External Advisory Group) Meeting and						RC						
		Meeting re Palos Verdes landfill						RC						
2/18	21:25	Orange County to Residence			18.00	7.09	A/SC	9.00					34.09	
(10) SUBTOTALS					18.00	7.09		9.00					34.09	
CLAIM TOTAL												\$34.09		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS(Attach receipts/vouchers when required)

A (Air)    RC (Rental)    SC (State Car)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
8:00 AM - 5:00 PM	95080			292		18.00	295		9.00	525.20		7.09				\$34.09
(14) MILEAGE RATE CLAIMED																
/mile																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAID BY REV. FUND CHECK No.																
TOTALS						18.00			9.00			7.09				\$34.09

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.